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STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
DPR.DELAWARE.GOV

**PROFESSIONAL EXPERIENCE REFERENCE FORM – RECIPROCITY**

**APPLICANT INFORMATION – The applicant completes this section (Questions 1-5).**

Complete this section and send the form to *each* person who will verify your professional geologic work experience in **ONE** state where you hold a **current** Geologist license (Section 2.2.1.3 of the Board's Rules and Regulations). You must arrange for the Board to receive a minimum of **two professional references** that document a combined total of **two years of professional geologic work experience in that state**. (Even if you hold current licenses in more than one state and you meet the experience requirements in more than one of those states, it is necessary to submit two references for two years of experience in only one of the states where you are currently licensed.)

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
4. Active License Number(s): \_\_\_\_\_ State(s): \_\_\_\_\_
5. Enter **ONE state** where you hold a *current* Geologist license and in which you acquired the experience that you want the person named below to verify: \_\_\_\_\_

**PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's professional geologic work experience completes this section (Questions 6-15).**

The applicant named above is applying for Geology licensure in Delaware. Please provide the following information to verify the **professional geologic work experience that the applicant acquired while working in the state entered in Question 5 above**.

6. Your Name: \_\_\_\_\_
7. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening
8. Your Geologic Registration Number: \_\_\_\_\_ State: \_\_\_\_\_
9. Your Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_
10. Your Relationship to Applicant:  
☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other: \_\_\_\_\_
11. I have known the applicant **professionally** since: \_\_\_\_\_
12. On the next page, provide information about the **professional geologic work experience that the applicant acquired while working in the state entered in Question 5 above**. Do not enter information about experience that the applicant acquired in any other state. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2.

You may copy this page.

### WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's work experience from \_\_\_\_\_ to \_\_\_\_\_ in the State of \_\_\_\_\_.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?  
Yes ☐ No ☐

Employer Name: \_\_\_\_\_

In which State did this work experience take place? \_\_\_\_\_

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the type of work the applicant did during this period (e.g., projects) and the quality of work that he or she performed in the state indicated by the applicant in #6 above: \_\_\_\_\_

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### WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's work experience from \_\_\_\_\_ to \_\_\_\_\_ in the State of \_\_\_\_\_.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?  
Yes ☐ No ☐

Employer Name: \_\_\_\_\_

In which State did this work experience take place? \_\_\_\_\_

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work \_\_\_\_\_ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the type of work the applicant did during this period (e.g., projects) and the quality of work that he or she performed in the state indicated by the applicant in #6 above: \_\_\_\_\_

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13. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	<b>Excellent</b>	<b>Good</b>	<b>Poor</b>	<b>Unknown</b>
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

15. Additional remarks or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information that I have provided is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

AFFIX  
SEAL

**Mail** the completed form *directly* to Board of Geologists at the address above.

- The Board office will accept only forms it receives *directly* from the person verifying the applicant's professional geologic work experience. Forms returned by the applicant will not be accepted.
- Faxed forms will not be accepted.